## Case 1:21-bk-12000 Doc 61 Filed 03/14/23 Entered 03/14/23 14:52:00 Desc Mair Document Page 1 of 4

Fill in this information to	o identify your case:	
Debtor 1	Tina A Bayne	
Debtor 2 (Spouse, if filing)		
United States Bankrupt	ccy Court for the: SOUTHERN DISTRICT OF OHIO	
	1-bk-12000	Check if this is:
(If known)		An amended filing
Official Form	<del></del>	A supplement showing postpetition chapter 13 income as of the following date:  3/14/2023  MM / DD/ YYYY

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>	☐ Employed ☐ Not employed
	employers.	Occupation	Contact Representative	
	Include part-time, seasonal, or self-employed work.	Employer's name	Internal Revenue Service	
	Occupation may include student or homemaker, if it applies.	Employer's address	550 Main St., Cincinnati, OH 45202	
		How long employed th	ere? 8 years	
Par	f 2: Give Details About Mon	thly Income		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 5,800.00 \$ N/A

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ N/A

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Tina A Bayne	_	C	Case number ( <i>if kr</i>	nown)	1:21-	bk-120	00	
					For Debtor 1			Debtor 2		
	Con	y line 4 here	4.		\$ 5,800	00	non-	filing sp	ouse N/A	
	Jup	y line 4 nere			Ψ <u> 3,000</u>		<b>–</b>		11//	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a		\$1,465		\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b			2.80	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.			9.66	\$		N/A	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d			7.88	\$		N/A N/A	_
	5e. 5f.	Domestic support obligations	5e 5f.			3.34 0.00	\$		N/A N/A	_
	5g.	Union dues	5g		·	2.82	\$		N/A	_
	5h.	Other deductions. Specify: FEGLI	5h				+ \$		N/A	_
		Charitable Contributions				0.00	\$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 2,342	2.47	\$		N/A	<u> </u>
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 3,457	7.53	\$		N/A	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a			0.00	 \$		N/A	_
	8b.	Interest and dividends	8b			0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				0.00	\$		N/A	_
	8d.	Unemployment compensation	8d	١.		0.00	\$		N/A	_
	8e.	Social Security	8e	٠.		0.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f.		\$	0.00	\$		N/A	_
	8g.	Pension or retirement income	8g	١.		0.00	\$		N/A	_
	8h.	Other monthly income. Specify:	8h	.+	\$	0.00	+ \$		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	§160	0.00	\$		N/A	A
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	3,617.53	+ \$		N/A	= \$	3,617.53
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-	3,017.33	-		-14/7	-	3,017.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:	depe				,	chedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies							\$ Combi	
12	Do.	VALL expect an increase or decrease within the year after you file this form	2					1	month	ly income
13.	<b>■</b>	ou expect an increase or decrease within the year after you file this form  No.  Yes. Explain:	ı f							

Fill	in this information to identify your case:				
Deb	otor 1 Tina A Bayne		Che	ck if this is:	
				An amended filing	
	ouse, if filing)			A supplement show 13 expenses as of	ving postpetition chapter
	•			3/14/2023	and following date.
Uni	ted States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO			MM / DD / YYYY	
	tnown) 1:21-bk-12000				
	fficial Form 106J				
	chedule J: Your Expenses				12/1
inf	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this fomber (if known). Answer every question.				
Pai	t 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2.  □ Yes. Does Debtor 2 live in a separate household?				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses in	for Separate Househ	old of Deb	otor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the dependents names.				□ No □ Yes
	dopondonio namos.				□ No
					☐ Yes
					□ No
					☐ Yes ☐ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
D	<u>·                                    </u>				
Est	t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless your enses as of a date after the bankruptcy is filed. If this is a supplicable date.				
Inc	lude expenses paid for with non-cash government assistance if	vou know			
the	value of such assistance and have included it on <i>Schedule I: Yo</i> ficial Form 106I.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage	4. \$	\$	0.00
	If not included in line 4:				
	4a. Real estate taxes		4a. S	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b. 3	<b>.</b>	0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$	·	75.00
5.	<ul> <li>4d. Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as hom</li> </ul>	ne equity loans	4d. \$	·	32.50 0.00
	5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		'	-	

Debtor 1	Tina A Bayne	Case number (if known)	1:21-bk-12000
	ties:	60 °	400.00
6a.	Electricity, heat, natural gas	6a. \$	130.00
6b.	Water, sewer, garbage collection	6b. \$	90.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	125.00
6d.	Other. Specify:	6d. \$	0.00
	d and housekeeping supplies	7. \$	300.00
	dcare and children's education costs	8. \$	0.00
	hing, laundry, and dry cleaning	9. \$	79.00
0. <b>Per</b> :	sonal care products and services	10. \$	100.00
1. <b>Me</b> c	lical and dental expenses	11. \$	75.00
	nsportation. Include gas, maintenance, bus or train fare.	40. 0	225.00
	not include car payments.	12. \$	225.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13. \$	75.00
4. <b>Ch</b> a	ritable contributions and religious donations	14. \$	240.00
5. <b>Ins</b> ı	ırance.		
	not include insurance deducted from your pay or included in lines 4 or 20.		
	Life insurance	15a. \$	0.00
15b	Health insurance	15b. \$	0.00
15c	Vehicle insurance	15c. \$	82.00
15d	Other insurance. Specify:	15d. \$	0.00
6. <b>Tax</b>	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Spe		16. \$	0.00
7. Inst	allment or lease payments:		
17a	Car payments for Vehicle 1	17a. \$	0.00
17b	Car payments for Vehicle 2	17b. \$	0.00
17c	Other. Specify:	17c. \$	0.00
	Other. Specify:	17d. \$	0.00
	r payments of alimony, maintenance, and support that you did not report as	·	
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		0.00
	er payments you make to support others who do not live with you.	\$	0.00
	cify:	19.	
0. <b>Oth</b>	er real property expenses not included in lines 4 or 5 of this form or on Sch	edule I: Your Income.	
20a	Mortgages on other property	20a. \$	0.00
20b	Real estate taxes	20b. \$	0.00
20c	Property, homeowner's, or renter's insurance	20c. \$	0.00
	Maintenance, repair, and upkeep expenses	20d. \$	0.00
	Homeowner's association or condominium dues	20e. \$	0.00
	er: Specify:	21. +\$	
i. Otti	er. Specify.	Z1. <del>+</del> \$	0.00
2. Cal	culate your monthly expenses		
	Add lines 4 through 21.	\$	1,628.50
22b	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	,
	Add line 22a and 22b. The result is your monthly expenses.	\$	1,628.50
220.	Aud into 22a and 22b. The result is your monthly expenses.	φ	1,020.30
3. <b>Cal</b>	culate your monthly net income.		
	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,617.53
	Copy your monthly expenses from line 22c above.	23b\$	1,628.50
			-,,
23c	Subtract your monthly expenses from your monthly income.		
	The result is your <i>monthly net income</i> .	23c. \$	1,989.03
	•		
4. <b>Do</b>	you expect an increase or decrease in your expenses within the year after y	ou file this form?	
	example, do you expect to finish paying for your car loan within the year or do you expect you	ur mortgage payment to inc	rease or decrease because of a
	fication to the terms of your mortgage?		
<b>I</b>	lo.		
Пν	res Explain here:		